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ABSTRACT

The paper describes the medical and education components of FIND (Florida Institute of Neuro-Dynamics), a private, nonprofit medical facility serving severely learning disabled, behaviorally disordered, autistic, and schizophrenic young adults. The program is reported to include a medical approach to etiology, with emphasis on allergy testing. The program is also noted to focus on behavioral assessment and intervention with individualized activities in the following areas: academic and social skills, gross and fine motor development, self identification, self care skills, and prevocational skills. (SBH)

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The Organization and Development of a Model Comprehensive Medical and Educational Facility Serving the Severely and Profoundly Handicapped

by

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The Organization and Development of a Model Comprehensive Medical and Educational Facility Serving the Severely and Profoundly Handicapped

The Florida Institute of Neuro-Dynamics, (FIND), a private non-profit medical facility has been serving severely learning-disabled, behaviorally disordered, autistic and schizophrenic individuals for the past four years. Its director, Kenneth N. Krischer, M. D., Ph.D., felt that FIND could best serve its patients if it expanded its services to include the discipline of education. Thus, the Finding Place, a school especially designed to interrelate with FIND, the medical facility, was planned and became operational.

The philosophy of FIND and the Finding Place is based on recent research showing that autism, schizophrenia, behavioral disorders, and severe learning disabilities are often caused by metabolic imbalances within the individual. These imbalances -- endocrine, allergic, neurologic, biochemical -- often cause the individual to have difficulty learning and also to develop many inappropriate social behaviors. Such imbalances can be corrected through individual medical evaluation and treatment. The individual can then be assisted to learn through proper individualized programming based on teacher observation and educational assessment. The inappropriate behaviors can be eliminated and replaced with more acceptable behaviors through the use of planned behavior modification techniques. This unique medical approach is called Clinical Ecology.

It can be readily seen by the above definition that the medical approach and the educational approaches used are unique. The concept of combining the disciplines of medicine and education is not unique to the United States, as the U. S. has funded a number of university affiliated facilities over the past fifteen years that are especially staffed to combine the expertise of educators and medical personnel to help the handicapped. But the combination of a Clinical Ecology approach in co-operation with a highly individualized educational program and the use of behavior modification and geared to the severely involved post-school-aged individual is unique.

Support of a combined medical-educational facility to serve the handicapped can be obtained from Thomas and Marshall (1977), who state that the purpose of the medical evaluation is to assess specific problems and to treat them where indicated, using whatever disciplines are necessary. Information should be provided to those working with the child in a program that indicates, so far as possible, implications that the medical condition has for training and for the individual's life situation.

The utilization of the medical model with special education is a logical extension of services. Kaufman and Hallahan (1974) stated that, "....in actuality a medical model, accurately described and correctly interpreted, would serve special education well. In fact, it is our belief that the processes involved in a true medical model and those inherent in a behavioral model (often called the psychological model) are essentially the same."

Further support of a medical-educational model, and the adoption of a diagnostic prescriptive process can be obtained from Resnick, Wan and Kaplan, (1973) who state, ...in fact, special education would do well to emulate the diagnostic prescriptive process used in the medical model. In fact, special education techniques are now being developed in which empirical diagnosis of educational deficits and prescription of educational methods based on diagnostic information are prominent features. Since this was written, the United States has mandated that public schools develop individualized educational plans (IEP) based on diagnostic assessments for all exceptional children in their programs. The Finding Place has met this mandate prior to the deadline because it has felt that the IEP is an integral part of its philosophy.

The uniques medical approach used by FIND considers the causation of severe learning disabilities, behavioral disorder, autism, and schizophrenia to be caused by imbalances of the many trace metals in our blood, and also the result of severe allergies. These imbalances and allergies can be corrected with the use of non-drug medications, and through the elimination of the individual's allergic reaction to certain foods and inhalants.

In his comprehensive and highly informative Psychiatric Signs and Symptoms Due to Medical Problems (1967), Sydney Walker lists over fifty categories of infectious, neurologic, endocrine-metabolic, genetic and drug- or toxin-related disorders that can manifest themselves in children as learning and behavior disorders. These children have been called neurologically handicapped, hyper- or hypo-active, learning disabled or schizophrenic; they are said to suffer minimal brain damage or dysfunction or to have impulse disorders.

The typical medical picture is one of a child with specific systemic weaknesses which are increased by environmental stress, both of an emotional and physcial nature (allergies). Suffering from what physicians call combined systems degeneration, the child's body is nutritionally depleted, hypersensitive to toxins and even many natural foods, and, in general, allergic and maladaptive.

Krischer reports in an investigation of serum copper and serum zinc in childhood disorders that disturbances of copper and/or zinc levels were manifested in children with learning disabilities, infantile autism, mental retardation and hyperkinkinesis. Replacement of zinc with 80 mg. of zinc sulfate twice daily often led to dramatic reversal of symptoms.

The specific disorders that extensive chemical assays, blood sugar tests, and allergy tests have uncovered point to a set of combined central nervous system, digestive and endocrine systems disorders as the primary cause of behavioral, emotional, and intellectual dysfunction in children who manifest characteristics of severe learning disabilities, severe behavioral disorders, autism and schizophrenia. These disorders are treated by FIND in the following method.

An extremely comprehensive medical evaluation is conducted which includes a very complete laboratory workup. This laboratory workup consists of a complete blood count, an S.M.A. blood analysis, testing for up to 23 separate metabolic functions. In addition, a serum copper, serum zinc, routine urinalysis and special kryptopyrole urinalysis for porphysuria are done. Each client and his/her parents or guardian then have an initial consultation with the physician which can last up to

two hours. The laboratory tests and lengthy consultation give the physician optimum opportunity to asses symptomatology and prescribe proper medication for each individual.

If the physician makes the determination that the patient is allergic, two days of allergy testing follow. The items to be tested are chosen on the basis of information obtained from the initial consultation and laboratory workup. The allergy testing proceeds according to a unique approach known as the "provocative method," described in detail in Dr. Joseph Miller's work, Food Allergy. A brief description follows.

In the provocative method, small amounts of the suspected allergy-causing food are injected under the skin of the upper arm. The bump or "wheal" formed is measured and felt, and notation made of the size, color and hardness. A timer is then set for ten minutes. During this period, the patient reports any symptoms that develop. At the end of ten minutes, the wheal is again measured and felt. If the wheal has grown and changed, the patient is allergic to the food allergen at that strength. The patient continues to be tested with subsequent weaker dosages of the allergen until a dosage is reached that does not cause the wheal to grow or change. This is considered the neutralizing dosage for that particular food allergen. The same method is used to determine the neutralizing dosage for inhalants.

Each food or inhalant suspected of causing an allergic reaction is tested and the neutralizing dosage determined. A special vial containing all the neutralizing dosages is then prepared. For a period of six months, the client takes a neutralizing injection every four days. After six months, the injections can be tapered off and from that point

on the client will no longer have a reaction to the former allergy-causing food or inhalant.

At the time of the one-month, three-month, six-month and one-year medical followups, the physician will meet with the client. Laboratory tests requiring re-evaluation will be done at these times and adjustments made to the individual's medication as needed. Information from these evaluations will be given to the educational staff to be included in each client's individualized program. The educational staff will also be included in the medical consultation in order to contribute toward the comprehensive evaluation of the client.

The first contact made by the educational staff with the prospective student occurs in the student's home. A home visit is made by the teacher and the director. This is a necessary aspect of the program, since rapport and trust must be developed prior to entry into the educational constellation. Several home visits are made during which the teacher, parents, and director evaluate the student and develop an individualized educational plan based on teacher observation and assessments. Leon, (1977). After the individualized educational plan is developed, the "phasing in" aspect begins. No student is added to the constellation without a gradual, planned, "phasing in" stage. This has been found to be an extremely effective method of adding a new student to the class. The initial visit is only a few hours, which is followed by a longer visit of four hours. The next visit will be total inclusion in the constellation. This "phasing in" allows the new student to gradually become accustomed to the constellation and the students already in the constellation to become adjusted to and accept the new student. A

maximum of six students with a certified teacher and an aide will complete each constellation. This number will vary depending on the severity of the handicapping conditions and the negative behaviors exhibited.

A behavioral assessment will also be conducted. Behaviors will be defined, baseline of negative behaviors tabulated and intervention techniques determined by both teaching staff and parents. Periodic evaluations of the effectiveness of the intervention techniques will be conducted, and if necessary, changed. At the end of the school year, the behaviors and frequency of these behaviors will again be evaluated and the progress recorded.

The program will focus on establishing basic classroom behaviors before attempting academics or other learning tasks. These behaviours will include:

1) establishing eye contact
2) staying in seat
3) following directions
4) initiating a task
5) attending to a task
6) completing a task

Clients are in attendance for a minimum of five hours daily. The program is designed to operate year-round and to incorporate the services of specialists as needed. Present specialist include a speech therapist and a registered music therapist.

Daily activities will provide for growth in academic and social skills, gross motor development, fine motor development, self-identification, self-care skills, pre-vocational skills, and other areas as they are individually prescribed.

The client's educational and behavioral growth will be evaluated by video-taping of the client on entry into the constellation. Further,

videotapes will be made at intervals throughout the year, thus establishing an on-going visual record of the client's behavioral and educational progress. Midway through the school year, a re-evaluation will be conducted. The full medical and educational staff will review the progress of each client, discuss any problems, confirm established goals or set new ones. At the conclusion of the year, another full staff evaluation will occur.

The first classes operational at The Finding Place are geared to serve severely involved young adults, who have never received an adequate education or who were totally excluded from the schools. These students are making progress educationally and drastically changing behaviorally.

It appears that a comprehensive medical-educational model in which a total approach is taken has benefits accruing to each handicapped child. The remediation of the physical basis for autism, schizophrenia, or other behavior disorders without appropriate accompanying educational programming presents an incomplete approach. Likewise, an educational plan which does not include evaluation and remediation of physically-based behavior disorders cannot be expected to meet the specific needs of the handicapped child or young adult.

The innovative approach developed by FIND and The Finding Place has obvious validity for the Future of Special Education in this country and in the world.

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